Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

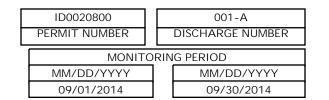
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	17.5	19			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.5	****		****	3.7	****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	65.8	****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.4	****		*****	6.1	****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	*****	6.8			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.1	****		*****	4	****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	156.3	****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and make in the control of the contr	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID002080	0 [001-A				
PERMIT NUM	1BER	DISCHARGE NUMBER				
	MONITORI	ING PERIOD				
MM/DD/Y		NG PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	TITY OR LOADI	ING	C	QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	10.2	****		****	5	****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	17.6			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.3			Weekly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	2.7			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	5.2	190			Daily	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****		Continuous	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.244		****	****	****	*****		Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

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W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
09/01/2014	09/30/2014				

DMR Mailing ZIP CODE: 83856

MINOR \$

INOR

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.2	****		*****	.03	****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.2	*****		*****	.04	****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	94	****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	89	****			Daily	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****		Continuous	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and mater, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONI	TORING PERIOD
MONI* MM/DD/YYYY	TORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUANT	TITY OR LOAD	ING	QI	UALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	EX OF ANALYSIS	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Ho	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

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nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

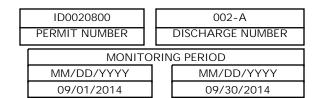
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

COMMENTS AND EVEL ANATION OF ANY VIOL	ATIONS (Deference all attachments hare)
COMMENTS AND EXPLANATION OF ANY VIOL	A HONS (Reference all attachments here)

certify under penalty of law that this document and all attachments were prepared under my

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nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A				
PERMIT NUMBER	BER DISCHARGE NUMBER				
MONITO	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
09/01/2014	09/30/2014				

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

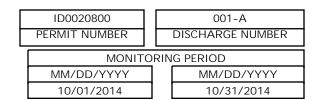
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	17			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10.78	****		****	5.32	*****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	98.2	****			Weekly	_
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.44	*****		*****	9.1	****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	6.9			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.64	****		*****	5.25	*****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	153.6	****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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W = weekly limits

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

	ID0020800		001-A
PE	RMIT NUMBER		DISCHARGE NUMBER
$\overline{}$	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2014]	10/31/2014

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	TITY OR LOAD	ING	C	QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	14.19	*****		****	7	****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	20.4			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI B				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	****	****	****	3.96			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	8.97	143			Five per Month	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	*****	*****		Daily	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.284		****	****	****	*****		Daily	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF A	NY VIOLATIONS (R	Reference all attachments he	~e)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

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nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Γ	ID0020800		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2014	1	10/31/2014

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.3	****		*****	.03	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.3	****		****	.04	****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	95	****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	****	*****	97	****			Daily	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	****	****	*****		Continuous	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Г	ID0020800		002-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
L	MONITO	DRIN	IG PERIOD
ŀ	MONITO MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83856

MINOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUANT	TITY OR LOAD	ING	QI	UALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Ho	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
	-
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	*****	****	*****			-
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT(ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

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person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

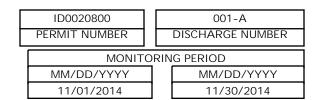
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	****	*****	12	15			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.81	****		****	4.65	****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	****	*****	101	****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.87	****		*****	6.1	****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рΗ	SAMPLE MEASUREMENT	****	*****	*****	6.4	*****	6.8			Weekly	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12.13	****		****	5.75	****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	136.75	****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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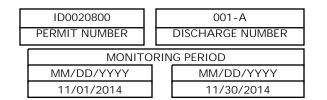
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	14.77	****		****	7	****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	22.6			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	*****	.107			Monthly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	3.88			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	7.93	143			Five per Month	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****		Daily	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.31		****	****	****	*****		Daily	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	and the state of the possibility of the did in prison to the state of	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT(ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.26	****		*****	.05	****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.69	****		*****	.05	****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	95	****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	96	****			Daily	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****		Continuous	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONI	TORING PERIOD
MONI MM/DD/YYYY	TORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER, UPSTREAM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	19			Quarterly	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. QRTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	****	.31		*****	****	****	*****		Quarterly	
00056 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. QRTR MAX	MGD	*****	*****	*****	*****		Quarterly	ESTIMA
рН	SAMPLE MEASUREMENT	****	****	****	*****	*****	6.9			Quarterly	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. QRTR MAX	SU		Quarterly	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	*****	22.6			Quarterly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	*****	.3			Quarterly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	3.96			Quarterly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	aniormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Г	ID0020800		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	RIN	IG PERIOD
	MONITO MM/DD/YYYY	RIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUANT	ΓΙΤΥ OR LOADI	ING	QI	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

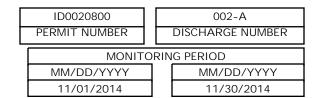
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		****	****	****	*****		<u> </u>	
50050 Q 0 See Comments	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800		002-A
PERMIT NUMBER		DISCHARGE NUMBER
MO	VITORII	NG PERIOD
MM/DD/YYYY	′	MM/DD/YYYY
11/01/2014		11/30/2014

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	Q	UALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

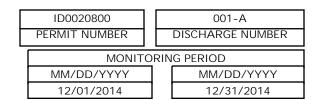
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	11	12			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorde (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.1	****		****	3.5	****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	****	*****	87.8	*****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.2	*****		*****	4.8	****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	6.5	*****	6.8			Weekly	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12.8	****		*****	5.5	*****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	105.2	****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

TYPED OR PRINTED

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

O = Chlorine monitoring is only required when the back-up chlorination system is used.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

W = weekly limits

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

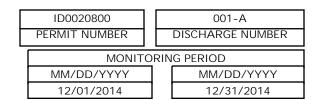
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	27.9	****		****	12	****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	18.2			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.156			Monthly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	2.55			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	4.38	33.6			Five per Month	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		*****	****	****	*****		Daily	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	329		****	****	****	*****		Daily	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.2	****		****	.04	****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.3	****		****	.04	****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	****	96	*****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	****	****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	95	****			Daily	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****		Continuous	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	*****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

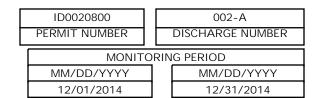
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUANT	ΓΙΤΥ OR LOADI	ING	QI	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Γ	ID0020800		002-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	DRIN	IG PERIOD
	MONITO MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorde (auto)

L
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
NAONUT.	ODINO DEDICO
MONTE	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN [*]	TITY OR LOADI	NG	C	UALITY OR CONC	ENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge. W = Weekly limits

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

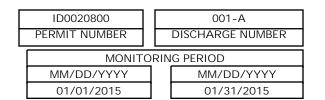
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	9	11			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.89	****		*****	5.46	****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	76.49	****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.58	****		*****	6.6	****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	****	*****	6.5	*****	6.7			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	20.06	****		****	8.5	****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	103.75	****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	and make in the control of the contr	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

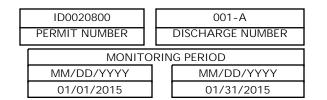
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

83856

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	C	UALITY OR CON	QUALITY OR CONCENTRATION				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	33.04	****		****	14	****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	17.9			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	****	****	****	.134			Monthly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	2.43			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	18.01	109			Five per Month	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****		Continuous	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.434		****	****	****	*****		Continuous	
50050 1 0	PERMIT	*****	Req. Mon.	MGD	****	****	*****	*****		Continuous	Recorder

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	•			
	accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maker, morating the possionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.14	*****		*****	.04	****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.17	****		****	.06	****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	****	93	****			Weekly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	92	****			Weekly	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****		Continuous	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
	-				
MONI	TORING PERIOD				
MONI* MM/DD/YYYY	TORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

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Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
	-				
MONI	TORING PERIOD				
MONI* MM/DD/YYYY	TORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR

\$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
01/01/2015	01/31/2015				

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	Q	UALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

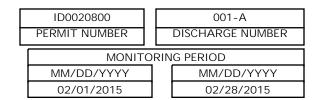
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	ΓΙΤΥ OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	10	11			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.69	*****		*****	6.25	****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	87.33	****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16.32	*****		*****	6.5	****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	6.7			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	16.94	*****		*****	6.75	****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	112.25	*****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and mador, medaling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONUT					
MONIT	ORING PERIOD				
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	C	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	30.12	****		****	12	****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	17.9			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	.081			Once per 4 Weeks	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	2.14			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	47.82	238			Five per Month	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		*****	****	****	*****		Continuous	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.458		****	****	****	*****		Continuous	
50050 1 0	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	percent properly actor united with a system designed to assure that qualified to		i		
	personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,				•
	accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	<u> </u>		
TYPED OR PRINTED	and matery, mercaning the pessionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83856

MINOR \$

TO PEND OREILLE RIVER

External Outfall

(SUBR 01)

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.12	****		*****	.05	****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.6	****		****	.09	****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	93	****			Weekly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	94	****			Weekly	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****		Continuous	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Г	ID0020800		001-Q				
	PERMIT NUMBER	DISCHARGE NUMBER					
〒	MONITO	DIN	G PERIOD				
ᆫ	MONTE		GTERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
Γ	12/01/2014	1	02/28/2015				

DMR Mailing ZIP CODE: 83856

MINOR \$

PEND OREILLE RIVER, UPSTREAM

External Outfall

(SUBR 01)

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	****	****	12				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. QRTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	****	.458		****	****	****	*****			
00056 Q 0 See Comments	PERMIT REQUIREMENT	****	Req. Mon. QRTR MAX	MGD	*****	****	****	*****		Quarterly	ESTIMA
рН	SAMPLE MEASUREMENT	****	****	*****	*****	****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. QRTR MAX	SU		Quarterly	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	18.2				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.156				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	*****	2.55				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	an or matter, mercang the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBE	DISCHARGE NUMBER
M	ONITORING PERIOD
MM/DD/YYY	

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	NODI C	****				
00530 G 0	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

COI	MMENTS AND EXPLANATION OF ANY VIOL	ATIONS (Reference all attachments here)

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: " PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorde (auto)

TYPED OR PRINTED

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

W = weekly limits

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MON	ITORING PERIOD					
MON MM/DD/YYYY	ITORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	ΓΙΤΥ OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	****	10	12				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.45	*****		*****	5.78	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	72.66	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17.68	*****		*****	7.6	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	20.36	*****		*****	8.75	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	155.25	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

	direction or supervision in accordance with a system designed to assure that qualified bersonnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2015 03/31/2015

DMR Mailing ZIP CODE: 83856 **MINOR**

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	QUALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	41.88	****		****	18	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	18.9				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.114				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	2.07				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	107.15	308				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.417		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
03/01/2015	03/31/2015					

DMR Mailing ZIP CODE: 83856

MINOR \$

TO PEND OREILLE RIVER

External Outfall

(SUBR 01)

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.2	****		****	.08	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.24	*****		*****	.11	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	****	92	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	94	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C					
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	*****					
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****					
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****					
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8	
H	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	*****					
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge. W = Weekly limits

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

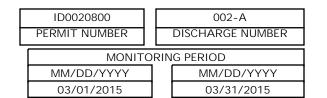
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR (SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorde (auto)

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	C	UALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge. W = Weekly limits

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Γ	ID0020800	001-A					
	PERMIT NUMBER		DISCHARGE NUMBER				
_							
	MONITO	DRIN	G PERIOD				
	MONITO MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	ΓΙΤΥ OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	****	*****	12.5	14				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14	****		****	6.6	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	72	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.13	*****		*****	6.1	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.7			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.1	*****		*****	8.3	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	146.7	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

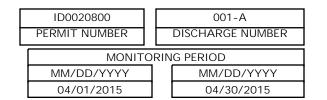
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE: 83856

MINOR

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	C	QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	39	****		****	19	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	18.5				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.117				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	2.2				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	116.4	45.7				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.826		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	****	*****	*****		Continuous	Recorde (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

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direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83856

MINOR

\$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.3	****		*****	.05	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.3	****		****	.05	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	92	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	*****	94	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
	OKINOTEKIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: **MINOR**

\$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ΓΙΤΥ OR LOADI	NG	Q	UALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

_			
Γ	ID0020800	Г	002-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRI	NG PERIOD
	MONITO MM/DD/YYYY	ORI	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	C	QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	personnel properly gather and evaluate the information submitted. Based on my inquiry of the		1		
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,				<u>'</u>
	accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and make it is a possibility of the and imprisonment for the small violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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W = weekly limits

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Г	ID0020800		001-A
	PERMIT NUMBER	DIS	SCHARGE NUMBER
_			
	MONITO	RING F	PERIOD
ŀ	MONITO MM/DD/YYYY	RING F	PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	TITY OR LOADI	ING	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	19			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorde (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.6	*****		*****	4.6	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.6	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	*****		*****	67.9	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Ho	SAMPLE MEASUREMENT	****	****	*****	6.5	*****	6.7			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.1	*****		*****	8.5	****			Daily	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	****	176	****			Daily	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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TYPED OR PRINTED

NUMBER

AREA Code

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FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A					
PERMIT NUMBER	R DISCHARGE NUMBER					
MONITORING PERIOD						
MO	NITORING PERIOD					
MO MM/DD/YYY						

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	76	*****		****	16.3	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	13.3				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.155				_
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	2.8				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	100.2	19.9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****		Continuous	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.243		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	The state of the s	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT		****		*****	.08	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.3	****		****	.05	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	*****	93	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	91	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI 9		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-Q							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
03/01/2015	05/31/2015							

DMR Mailing ZIP CODE: 83856

OR \$

MINOR SUBR 01)

PEND OREILLE RIVER, UPSTREAM

External Outfall

No Discharge

		QUAN	NTITY OR LOADII	NG	Q	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	.12				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. QRTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	****	.243		****	****	****	*****		Three per Year	
00056 Q 0 See Comments	PERMIT REQUIREMENT	****	Req. Mon. QRTR MAX	MGD	*****	****	****	*****		Quarterly	ESTIMA
рН	SAMPLE MEASUREMENT	*****	****	*****	*****	****	6.5			Three per Year	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. QRTR MAX	SU		Quarterly	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	****	****	*****	****	15.9			Three per Year	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	18.9			Three per Year	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	4.47			Three per Year	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

	ID0020800		002-A						
	PERMIT NUMBER	DISCHARGE NUMBER							
了	MONITORING PERIOD								
T	MM/DD/YYYY	1	MM/DD/YYYY						
Γ	05/01/2015	1	05/31/2015						

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	ΓΙΤΥ OR LOADI	ING	QI	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorde (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 O O See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

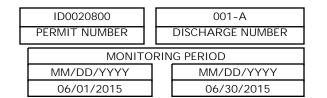
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE: 83856

MINOR

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	TITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	****	*****	19.5	21				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorde (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.06	****		****	4.6	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	68.1	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.23	*****		*****	4.5	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	****	6.5	*****	6.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.76	*****		*****	5	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	185	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83856

MINOR

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	10.51	*****		****	6	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.619				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.132				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	4.56				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	108.6	27.9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.21		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	****	*****	*****		Continuous	Recorde (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0	020800		001-A
PERMI	T NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
MM	/DD/YYYY]	MM/DD/YYYY
06,	/01/2015	Ì	06/30/2015

DMR Mailing ZIP CODE: 83856

MINOR

\$

TO PEND OREILLE RIVER

External Outfall

(SUBR 01)

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.34	*****		****	.04	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.02	****		****	.04	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	93	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	97	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

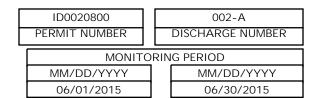
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

\$

MINOR

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ΓΙΤΥ OR LOADI	NG	QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	****	*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI C	****				
00530 G 0	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		I LLLI I		DAIL
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
	information, including the possibility of fine and imprisonment for knowing violations.				
TYPED OR PRINTED	The state of the s	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Г	ID0020800	002-A				
	PERMIT NUMBER		DISCHARGE NUMBER			
_						
	MONITO	DRIN	IG PERIOD			
	MONITO MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY			

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	QUALITY OR CONC	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONITO	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
06/01/2015	06/30/2015			

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	*****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Γ	ID0020800		001-A			
Г	PERMIT NUMBER	DISCHARGE NUMBER				
ī	MONITO	RIN	G PERIOD			
Ì	MM/DD/YYYY]	MM/DD/YYYY			
ſ	07/01/2015	1	07/31/2015			

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN ⁻					NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	22	23				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	102	****		*****	3.1	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	79.7	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	110.2	****		*****	6.1	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	6.5	****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.54	****		*****	6	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	147.1	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
İ	TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Γ	ID0020800		001-A			
Г	PERMIT NUMBER	DISCHARGE NUMBER				
ī	MONITO	RIN	G PERIOD			
Ì	MM/DD/YYYY]	MM/DD/YYYY			
ſ	07/01/2015	1	07/31/2015			

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	7.5	*****		*****	18	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	8.86				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.955				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	5.08				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	12.5	56.5				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.201		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A				
PERMIT NUMBER	BER DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
07/01/2015	07/31/2015				

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.1	****		*****	.03	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.04	****		****	.05	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	96	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	97	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	an or matter, mercang the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Γ	ID0020800		002-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	PRIN	IG PERIOD
	MONITO MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	anto matton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
07/01/2015	07/31/2015				

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	C	QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

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nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

			TELEPI	HONE	DATE
	the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

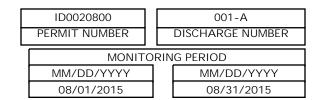
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE: 83856

MINOR

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	21	22				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.7	****		****	11.8	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	81.5	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.8	*****		*****	7	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	*****	6.5	*****	6.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.1	*****		*****	6	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	169.8	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Г	ID0020800		001-A					
Г	PERMIT NUMBER DISCHARGE NUMBER							
ī	MONITORING PERIOD							
t	MM/DD/YYYY	1	MM/DD/YYYY					
ı	08/01/2015	1	08/31/2015					

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	16.8	*****		*****	5.2	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	****	*****	****	****	8.7				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	****	****	.498				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	****	****	5.85				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	11	142				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.202		****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	****	****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED	in to make it, meading the possibility of the did high southers.		AREA Code	NUMBER	MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A						
PERMIT NUMBER DISCHARGE NUMBER							
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
08/01/2015	08/31/2015						

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.3	*****		*****	.04	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.04	****		*****	.04	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	*****	94	****			Four per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	*****	96	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER, UPSTREAM

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	ICENTRATION	NC		FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. QRTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
00056 Q 0 See Comments	PERMIT REQUIREMENT	****	Req. Mon. QRTR MAX	MGD	*****	****	*****	*****		Quarterly	ESTIMA
рН	SAMPLE MEASUREMENT	*****	****	****	****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. QRTR MAX	SU		Quarterly	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				_
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	an or matter, meloung the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

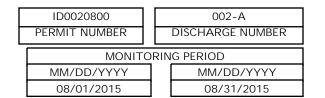
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUANT	ΓΙΤΥ OR LOADI	ING	QI	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

	ID0020800		002-A
	PERMIT NUMBER	D	ISCHARGE NUMBER
_			
	MONITO	RING	PERIOD
	MONITO MM/DD/YYYY	RING	PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	C	QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONT	OKIN <u>O I EKIOD</u>
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ΓΙΤΥ OR LOADI	NG	QI	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	****	****	17.6	18				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.2	****		*****	10	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	80	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.2	****		*****	10	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	6.1	****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.3	****		*****	10.3	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	91	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ID0020800 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2015 09/30/2015

DMR Mailing ZIP CODE: 83856

MINOR \$

TO PEND OREILLE RIVER

External Outfall

(SUBR 01)

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	7.3	****		*****	10	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	****	.504				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	*****	****	.186				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	****	*****	****	4.7				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	****	****	100	97.4				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.242		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		IELEPI	HOINE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	In the matter, more and the possionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

certify under penalty of law that this document and all attachments were prepared under my

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

W = weekly limits

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A			
PERMIT NUMBER DISCHARGE NUMBER				
MONIT	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
09/01/2015	09/30/2015			

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.2	****		****	.05	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.2	****		*****	.046	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	88	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	92	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUANT	TITY OR LOAD	ING	QI	UALITY OR CONG	CENTRATION		NO.		SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Ho	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A				
PERMIT NUMBER	ERMIT NUMBER DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
09/01/2015	09/30/2015				

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

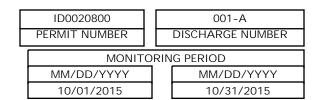
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	16.5	17				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.6	****		*****	6.9	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	126.4	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16.6	*****		*****	12.6	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12.78	****		*****	12.6	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	14.6	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

	Lecrify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID002080	00	001-A				
PERMIT NUI	MBER	DISCHARGE NUMBER				
	MONITOR	RING PERIOD				
MM/DD/	YYYY	MM/DD/YYYY				
10/01/2	2015	10/31/2015				

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	UALITY OR CON		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	8	****		*****	9.1	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	19.9				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.228				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	4.01				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	59.2	727				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	*****	****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.219		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEP	HONE	DATE
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PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83856

MINOR \$

MINOR S (SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.3	*****		*****	.052	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.05	****		*****	.05	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	95	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	*****	94	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Γ	ID0020800		002-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_			
[MONITO	PRIN	IG PERIOD
	MONITO MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83856 **MINOR** \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Femperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00010 P 0 Gee Comments	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
ΡΗ	SAMPLE MEASUREMENT	****	*****	****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
olids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0	PERMIT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

	unection of supervision in accordance with a system designed to assure that qualified	1	i		
	personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,				•
	accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	<u> </u>		
TYPED OR PRINTED	and matery mediating the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

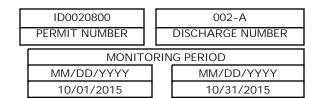
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	QUALITY OR CONCENTRATION					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MOMIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.